



VET BITES

News from and for U.S. Public Health Service Veterinarians
July 2015

From the Veterinary Category Communications Subcommittee

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PHS VETERINARIANS IN ACTION

Submitted by LT Yandace Brown

CAPT Casey Barton Behravesh MS, DVM, DrPH, DACVPM

Contact email address: CBartonBehravesh@cdc.gov

USPHS Commissioned Corps Tenure: 9 years (since June 2006)

Current duty station and location: Rickettsial Zoonoses Branch, Division of Vector-Borne Diseases, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC), Atlanta, Georgia

Job title and responsibilities: Chief, Epidemiology Activity, Rickettsial Zoonoses Branch

Previous experience as a Commissioned Corps officer

(previous duty stations): I spent my first eight years as a USPHS officer with the Division of Foodborne, Waterborne, and Environmental Diseases/NCEZID/CDC. During this time, I investigated outbreaks of human illnesses caused by enteric pathogens, including *Salmonella* and *Escherichia coli* O157:H7, due to exposure to contaminated food and water and contact with animals and their environments. These multistate foodborne and zoonotic outbreaks include *E. coli* O157:H7 infections linked to petting zoos, unpasteurized dairy products, and contaminated meat products, as well as human *Salmonella* infections linked to dry pet food, small turtles, chicks and ducklings and a variety of foods including peanut butter and produce. My work led to the creation of the Enteric Zoonoses Team in the Outbreak Response and Prevention Branch.

Introduction into the Commissioned Corps: I joined USPHS as an Epidemic Intelligence Service (EIS) Officer in 2006. I was assigned to the Enteric Diseases Epidemiology Branch.



Notable achievement(s) or accomplishment(s):

- Served as the AVMA Ebola Companion Animal Response Working Group chair to develop draft protocols to address the exposure of dogs and cats to Ebola Virus Disease
- Worked with state and federal agencies to care for Bentley, the dog of the Texas nurse diagnosed with Ebola virus disease

(Picture: CAPT Barton Behravesh with Nina Pham and Bentley at the North American Veterinary Conference in January 2015)



How did you get involved with the Bentley case, the AVMA Ebola Companion Animal Response Working Group and become the lead of the AVMA Working Group?

At CDC, we had been discussing the potential animal-human interface issues with Ebola virus. I serve as the CDC liaison to the American Veterinary Medical Association (AVMA) Council for Public Health and Regulatory Veterinary Medicine. As soon as we heard about the situation in Spain where an Ebola patient's pet dog was euthanized, we had a conference call between CDC, AVMA, USDA, and many other partners to discuss how to address companion animal issues if this situation ever occurred in the United States. This was the day before we learned about the first Texas nurse to be confirmed with Ebola.

Along with our partners, we quickly recognized the need to address these animal-human interface issues especially involving companion animals. We all wanted to do what was in the best interest of protecting public health while determining how to save this pet dog. As a veterinarian, I knew it was important to address the human Ebola patient's pet dog because of the importance of the animal-human bond and the mental health aspects for the owner with Ebola who was fighting for her life. Because of this, I volunteered to serve as the lead of the CDC Ebola Animal-Human Interface Team and also volunteered to serve as the Chair of the AVMA Ebola Companion Animal Response Working Group.

What are some highlights about your work with the Bentley case or AVMA Ebola Companion Animal Response Working Group?

One of the highlights for me was getting to work with a fantastic group of dedicated human and animal health officials at the local and state level, veterinarians, animal control officers, AVMA, the National Association of State Public Health Veterinarians (NASPHV), USDA, and many other wonderful partners to address a real-time life-or-death issue for this pet. This truly was a team effort and the experience was very rewarding. The group definitely bonded over this experience and walked away with new friends. "Team Bentley" also attended several national meetings to share this story which helped to spread the word about the importance of including animals in emergency response planning, even when limited information exists for a given disease and animal species.

Who were the main people, agencies, and organizations that you worked with for the Bentley case or AVMA Ebola Companion Animal Response Working Group?

- o Texas Department of State Health Services
- o Texas Animal Health Commission
- o Texas A&M University, College of Veterinary Medicine and Biomedical Sciences, Texas A&M University
- o City of Dallas Animal Services
- o U.S. Department of Agriculture
- o American Veterinary Medical Association
- o National Association of State Public Health Veterinarians
- o US Army Medical Research Institute of Infectious Diseases
- o Defense Health Agency Veterinary Services
- o Many others across the country

How does this experience relate to your day-to-day job?

At CDC, I have the privilege of working on a variety of animal-human interface issues. It is my goal to share with others the importance of factoring animal health into the improvement of human health through an interdisciplinary One Health approach involving human, animal, and environmental health.

Do you have any previous professional experience, either before or after joining the Corps, that helped you in working with the Bentley case or AVMA Ebola Companion Animal Response Working Group?

I gained experience with animal care and husbandry through practicing as a veterinarian in the state of Texas. I have had numerous experiences as a USPHS officer dealing with emergency response and bridging gaps between human and animal health agencies. I also previously worked as an epidemiologist for the Texas Department of State Health Services. This experience was extremely valuable to understand the agencies involved with human and animal health in Texas, where the Ebola outbreak occurred.

What do you consider the most valuable lessons learned or experience from your working with the Bentley case or AVMA Ebola Companion Animal Response Working Group?

Pets must be included in emergency response planning for zoonotic disease issues, such as Ebola virus, even when limited scientific data exist for a given disease and animal species. Pets are a very powerful and important part of people's lives and must be accounted for during public health emergencies.

What was the most rewarding part(s) for you throughout this entire experience?

The most rewarding parts of this experience was being part of the team that saved Bentley so he could be reunited with his owner, who thankfully survived Ebola virus. I had the opportunity to meet Bentley and his owner at the North American Veterinary Conference in January 2015. The owner told me how important it was for her own recovery to know that her beloved pet dog was being cared for and that she knew she would be reunited with Bentley. The wonderful vets at Texas A&M University who cared for Bentley during quarantine made sure to give the owner daily updates and photos to let her know that Bentley was okay. This experience helped people at CDC, a human health agency, recognize the power of the pet and the importance of including pets in zoonotic disease planning. Also, the AVMA Working Group developed guidance that helped states across the U.S. and other countries become better prepared if this situation were to happen in their jurisdictions. It is very rewarding to hear from these officials how our guidance documents really helped them be better prepared as well as including companion animals in their planning. Lastly, my two young daughters are very proud and think that helping to save Bentley is the best thing I have ever done at work!

What were the greatest challenges for you from your working with the Bentley case or AVMA Ebola Companion Animal Response Working Group?

The greatest challenges were working with limited scientific information on Ebola and dogs and dealing with fear and stigma related to the Ebola virus outbreak in Texas. It was a challenge to make major decisions that were of life-or-death importance for pets, especially Bentley, given the complexities and global attention on the situation. We worked around the clock for several weeks to not only make sure that Bentley was appropriately cared for while protecting public health, but to create real-time guidance to help states across the U.S. and other countries be better prepared if this situation happened in their jurisdictions.

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OMC 8, FEELIN' GREAT!

Submitted by CDR Willy Lanier

OMC: 5 am muster for uniform inspection...4 hours of sleep per night...12 hours of class every day...homework every evening—sounds like a stressful nightmare, right?! It was actually really satisfying and enjoyable. I learned a great deal that I had not known before about the Corps and was given new tools for career development. I recalibrated my sense of leadership and renewed my excitement to be a part of PHS.

The Officer Mid-Level Course (OMC) is intended to provide an opportunity for mid-career officers to improve their leadership, management, and career development skills. I also think it serves as a “shot in the arm” for officers—it helps them remember the excitement they had when they commissioned. For veterinarians, the class would be particularly suitable for anyone at rank O-3 through early O-5.

My class was the 8th OMC held since they started being offered (hence, OMC 8). The class was held over a full five days in the Holiday Inn Gaithersburg (affectionately known to many in the Corps as “The HIG”), which has also hosted officers during OBC and housed officers as part of the Ebola missions. There were about 25 officers in my class and we were taught by a series of junior and senior officers who presented on subjects such as different facets of leadership and facts about the Corps. Other aspects of the course included military drill practice and competitions, group physical activity, group discussions, team lunches, and unit presentations. Class bonding took place quickly in that kind of shared, intense environment; I would now consider many of my classmates to be close friends. I still remember our class chant: “OMC 8, Feelin’ Great!” (OK, admittedly it’s a bit cheesy, but it was fun).

The commitment of senior leadership to the development of junior officers was evident. RADM Boris Lushniak, fresh off the plane from Liberia, talked candidly with us about his excitement for the future of Corps, his time as Acting Surgeon General, and his experiences with the exceptional officers and brave patients at the MMU. Several other CPOs, including Admirals, stopped by and visited officers of their category. Our very own CAPT Terri Clark took a very generous amount of her personal time to chat with and mentor me, the only veterinary officer at the course.

The highlight of the course for me was being a part of the color guard and singing the National Anthem. It became a unique ‘crash course’ in military customs and courtesies. One other aspect of the course that I was particularly pleased with: it was a training event put on and funded entirely by the USPHS. I felt proud to be in uniform and emerged with a reinvigorated Esprit de “Corps”.

Corps leadership plans to continue offering these classes. For anyone considering attending, I would highly recommend it and I am happy to answer any questions anyone might have about it

(William.Lanier@fda.hhs.gov).



RADM Lushniak with officers of the 8th Officer Mid-Level Course (OMC 008), Gaithersburg, MD, March 2015



CDR Lanier (center in blue) does yoga with OMC classmates.

MANY CATEGORIES, ONE HEALTH

Submitted by LCDR Danielle Buttke, assigned to the National Park Service

As veterinarians, we are all familiar with the One Health concept and the importance of the veterinary perspective in public health. Putting One Health into practice, however, can be challenging for public and veterinary health agencies due to the specific nature of agency mission statements and staff expertise. Furthermore, integrating the environment piece of the One Health triad can be even more challenging for human-health centered agencies and missions.

As an agency with a mission to protect both natural resources and protect and promote public health, the National Park Service (NPS) is a perfect place to put One Health into practice. The NPS Office of Public Health currently oversees 41 PHS officers assigned to the Department of the Interior, including physicians, engineers, environmental health officers, and a veterinarian to oversee the health and safety of over 285 million visitors and 30,000 employees to our 407 National Park units nation-wide. To put One Health into practice, the Office of Public Health and Wildlife Health Branch formally established a One Health program and shared One Health Coordinator position, which I am extremely honored and proud to currently hold.

The Disease Outbreak Investigation Team (DOIT) is a key component of our One Health practice. This team consists of a medical epidemiologist, veterinary epidemiologist or wildlife veterinarian, environmental health officer, and a local resource subject matter expert depending on the type of response. This rapidly-deploying, interdisciplinary team of USPHS officers ensures that an interdisciplinary, One Health approach is taken to public health problems. The DOIT also allows for a flexible resource that can adapt to the wide variety of public health events we are faced with in the NPS. Since its inception, the DOIT response team has been deployed for events ranging from human, pet, and wildlife illnesses from harmful algal blooms, a plague death in an employee, to addressing white nose syndrome (WNS) in a park. What role does public health have to play in a wildlife-only disease like WNS?

Although WNS is not transmissible to humans, it can cause bats to exhibit unusual behavior (e.g. flying erratically), which increases the risk for bat-human contact. In the six years prior to WNS arriving in Mammoth Cave National Park in central Kentucky, there were only two bat-human contact events. In the first 10 weeks of hibernation season that WNS appeared in the park, there were 10 human contacts with bats. By 2014, WNS had spread to all major bat hibernacula in the park, and the park requested the DOIT team to help prepare for hibernation season.

The DOIT team was charged to address three specific tasks: 1) conduct a risk assessment for bat-human contact, 2) identify new and enhanced existing prevention and response activities, and 3) define circumstances where specific prevention and response actions should be taken.

Although bat-human contacts continue to occur in the park, the park now has a robust and daily active surveillance program and rapid-response protocol to have same-day rabies testing completed on bats that have come into contact with humans. There are also specific thresholds for when public tours and caves should be closed and expanded public health education is present park-wide. We are now conducting research trails on public health messaging around bats in the park to try to preserve the public's conservation ethic and support for bats while still alerting them to the potential risk of rabies, as well as determining the overall rabies prevalence in WNS-affected colonies.

One Health presents an enormous opportunity and challenge for NPS. While it brings veterinary public health to the forefront of public health efforts, the emphasis on animals, and particularly wildlife, as disease reservoirs in public health messaging has been shown to decrease public support for wildlife and conservation in



A researcher narrowly misses a bat encounter in Mammoth Cave National Park in central Kentucky.

general, a trend that is already seen in an increasingly urbanizing public. Our hope is to use One Health to highlight the importance of biodiversity in protecting and sustaining human health. We also seek to promote physical activity and mental health while promoting interdisciplinary public health work that ultimately promotes the health of all species and the parks that we share.

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2015 TEMPORARY PROMOTION RESULTS- CONGRATS!

Captain

Casey Behravesch 07/01/2015

Kis L. Robertson 07/01/2015

Commander

William Lanier 07/01/2015

Jan Linkenhoker 07/01/2015

Amy Peterson 07/01/2015

Temeri Wilder-Kofie 07/01/2015

Lieutenant Commander

Tara Anderson 10/01/2015

Yandace Brown 01/01/2016

Laura Edison 07/01/2015

Ilana Schafer 07/01/2015

Promotion Success Rates By Temporary Grade*

Temporary O-6 Medical, Dental Categories and Research Officer Group (ROG) 29%

Temporary O-6 All other Categories 20%

Temporary O-5 29%

Temporary O-4 75%

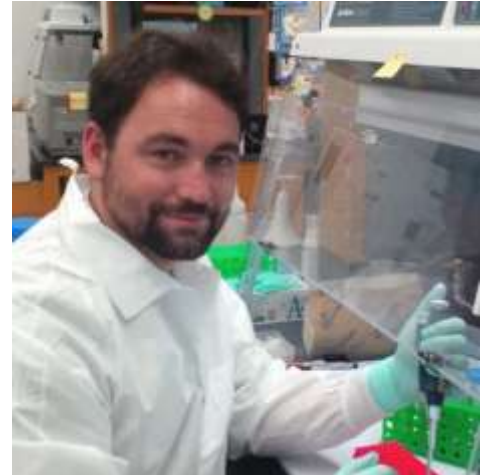
http://dcp.psc.gov/ccmis/promotions/PROMOTIONS_2015_m.aspx

http://dcp.psc.gov/ccmis/promotions/PROMOTIONS_stats_2015_m.aspx

CATEGORY KUDOS

Submitted by LT Yandace Brown

LT Ryan Wallace received the 2015 James H. Steele Veterinary Public Health Award from the Centers for Disease Control and Prevention (CDC) in April at the 64th annual Epidemic Intelligence Service (EIS) Conference. The annual award is named for the first chief of the CDC's Veterinary Public Health Division, and it is given to current or recent EIS officers for outstanding contributions to veterinary public health and One Health. LT Wallace was honored for his outstanding contributions, both domestically and internationally, for the prevention and control of rabies. LT Wallace currently serves as a Veterinary Medical Officer in CDC's Poxvirus and Rabies Branch.



LT Wallace in the laboratory.

CDR Lauren Davidson, a 1999 graduate of the University of Florida, College of Veterinary Medicine, received the college's 2015 Distinguished Service Award. A diplomat of the American College of Laboratory Animal Medicine, she is the director of veterinary resources for the National Institute of Dental and Craniofacial Research at the National Institutes of Health. CDR Davidson is the youngest person to become animal program director and only the second black woman in NIH history to hold that position. CDR Davidson has participated in many U.S. Public Health Service readiness responses and support activities. She received the agency's Commendation Medal and the U.S. Coast Guard Achievement Medal. She also serves on various committees and boards to address issues among female USPHS officers, including leadership and work-life balance. In addition, she mentors students in the Washington, D.C. area who are interested in veterinary medicine, science and technology.



CDR Davidson is pictured far right.

CAPT Kris Carter received the Thomas A. Bartenfeld III Award for Public Health Practice. This award is given annually to an individual who reflects excellence in public health practice with an understanding of day-to-day public health work and a consistent drive towards meaningful outcomes. CAPT Carter earned this award for significantly advancing the science and practice of routine and disaster epidemiology in the state of Idaho.

Retirement Congratulations!

CAPT Leigh Sawyer, CAPT Randy Elkins, CAPT Victoria (Tory) Hampshire, and CAPT Shelley Hoogstraten-Miller will be retiring this summer from the USPHS Commissioned Corps. We want to recognize them officers for their dedicated service to the Corps. Thank you and we wish you luck on your future endeavors!

EBOLA RESPONSE EFFORTS

The 2014 Ebola epidemic in West Africa is the largest such epidemic in history. The Ebola outbreak began in December 2013, was officially declared as an epidemic by the World Health Organization in February 2014, and eventually affected ten countries across three continents. Many USPHS Commissioned Corps officers assisted in the response whether it was deploying to Liberia, assisting at U.S. airports, or participating in the response domestically. USPHS Corps responders represented many different categories, including several from the veterinary category. Some of the veterinary officers are recognized and their contribution acknowledged below.

Domestic response efforts

CAPT (ret.) Gale Galland – led CDC efforts on issues associated with pets and captive wildlife

CAPT Jennifer McQuiston – served as a Public Relations Officer, publishing stories about deployed CDC staff and developed infographics for healthcare workers and the general public

CAPT Jennifer Wright and **CAPT Kris Bisgard** – served as deployment coordinators to help select and prepare over 120 EIS Officers for West Africa deployment and debriefed them upon return home

CAPT Donald Gardner – worked with his team to monitor Ebola-infected or -exposed nonhuman primates in development of vaccines and therapeutics against the disease

CAPT Estella Jones – facilitated the development and design of Ebola animal models and reviewed data to facilitate access to investigational medical products and diagnostic tests for Ebola

CAPT Tracee Treadwell – served as the Deputy Incident Manager for CDC's Ebola response, facilitating the initial months of CDC EOC operation

CAPT Renee Funk – served as a safety officer and led a team to develop guidelines for responders on proper techniques and PPE

CAPT Casey Barton Behravesh – served as the chair of the AVMA Ebola Companion Animal Response Working Group

CDR Christa Hale – led the GMTF International Assistance Team to provide technical assistance with exit screening for persons leaving West Africa

CDR Heather Bair-Brake – served as the clearance officer and communication co-lead for the Global Migration Task Force (GMFT)

CDR Bryan Buss, **CDR Stacy Holzbauer**, **LCDR Laura Edison**, and **LCDR Ann Schmitz** – served as the epidemiology leads for Ebola operations in Nebraska, Minnesota, Georgia, and Florida, respectively, to include monitoring of travelers returning from West Africa, establishing surveillance infrastructure for handling data from large-scale Ebola outbreak investigations, coordinating animal response plans, working with hospitals and medical staff to develop protocols for waste management and handling of bodies of suspected or confirmed Ebola patients, serving as laboratory liaisons, and developing guidance for law enforcement and school systems

LCDR Rachel Joseph – served as a co-lead and SME for the Ebola Traveler Inquiry Hotline and drafted guidance for state health departments on interstate and international movement notification for persons under active monitoring for Ebola symptoms

LCDR Mark Freedman – served as a Check and Report Ebola (CARE) ambassador, evaluating arriving passengers for overall exposure assessment and educating them about their risk and the need for follow-up monitoring after arrival in the United States

LCDR Danielle Buttke – assisted with Department of the Interior response protocols and screening for visitors and employees returning from West Africa

(Picture: from the May 01, 2015 issue of JAVMA, RADM Boris Lushniak [left], with veterinarians LCDR Amy Peterson, CAPT Leigh Sawyer, and CDR Evan Shukan in front of the Monrovia Medical Unit in Liberia)



Deployment to West Africa

CAPT (ret.) Fred Angulo – part of a team to complete public health infrastructure and capacity assessments for handling Ebola patients in Guinea, Liberia, and Sierra Leone

CAPT John Painter – assisted with contact tracing efforts in Guinea

CAPT Brianna Skinner – spent two months in Monrovia, Liberia with the USPHS-run Ebola hospital (Medical Monrovia Unit)

CAPT Leigh Sawyer – spent two months in Monrovia, Liberia with the USPHS-run Ebola hospital

CAPT Marta Guerra – significant contribution during deployment in West Africa

CAPT Dan O’Leary – significant contribution during deployment in West Africa

CAPT John Gibbins – served as a safety officer in Liberia to assist with the health, safety, and welfare of responders

CDR Julie Sinclair – assisted with contact tracing efforts in Guinea; deployed again to assist with exit screening in Guinea’s largest airport

CDR Sherry Burrer – served on the Infection Prevention and Control team in Liberia improving infection control practices in healthcare facilities and investigating hotspots

CDR Evan Shukan – spent two months in Monrovia, Liberia to assist with the USPHS-run Ebola hospital (Medical Monrovia Unit)

CDR Richard Luce – deployed with WHO staff to Liberia to improve response activity coordination

CDR Barbara Knust – CDC epidemiology lead for Ebola response and led a team to investigate the situation from the beginning of the outbreak

CDR Sherry Burrer, CDR Ethel Taylor, LT Misha Robyn, and LT Lizette Durand – served on the Infection Prevention and Control team in Liberia, to improve infection control practices in healthcare facilities and investigate hotspots

CDR Amy Peterson – served on the Infection Prevention and Control team in Liberia, improving infection control practices in healthcare facilities and investigating hotspots; also, spent two months in Monrovia, Liberia to assist with the USPHS-run hospital

LCDR Ilana Schafer – initiated the creation of a contact tracing application that works well in areas with limited network connectivity

LT Laura Adams – provided technical assistance to county health staff in Liberia for case investigations and community engagement

LT Craig Kiebler – deployed with WHO staff to Liberia to improve response activity coordination

LT Reid Harvey – significant contribution during deployment in West Africa

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UPCOMING PROFESSIONAL DEVELOPMENT OPPORTUNITIES

Submitted by CDR Christa Hale

Upcoming Conferences

- American Veterinary Medical Conference, Boston, MA—July 10–14, 2015
- International Conference on Emerging Infectious Diseases (ICEID), Atlanta, GA—August 24–26, 2015
- CVC Kansas City, Kansas City, MO—August 28–31, 2015
- American College of Epidemiology, Atlanta, GA—September 26–29, 2015
- ID Week (A Joint Meeting of IDSA, HIVMA, SHEA, and PIDS), San Diego, CA—October 7–11, 2015

Did we forget any conference that would be of interest to the VetPAC? If so, email CDR Willy Lanier (William.Lanier@fda.hhs.gov) so that we can include it in the future!

CDC Veterinary Student Day—January 25, 2016

What is one way that the Centers for Disease and Prevention (CDC) works to bring bright and enthusiastic veterinarians into the public health flock? A Day at CDC for Veterinary Students!

This biennial event for veterinary students and faculty is held at the CDC main campus in Atlanta, GA. The attendees network, solve a fictitious “outbreak,” and learn more about the great work we public health veterinarians do. In 2014, over 320 student and faculty from the U.S., Canada, and the Caribbean attended.

The 6th biennial Day at CDC for Veterinary Students will take place January 25, 2016. CDR Sherry Burrer is leading the planning efforts for this event. If you are interested in volunteering, contact CDR Burrer at SBurrer@cdc.gov. There are some opportunities for volunteers outside of Atlanta, but the majority of volunteers will need to be located in ATL.

Also, if you know any current veterinary students who might be interested in attending, the announcement to veterinary colleges will be circulated soon. Help spread the word!

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ADDITIONAL ANNOUNCEMENTS

Submitted by CDR Christa Hale

What has Changed with the Annual Physical Fitness Test Standards?

As you probably know by now, the Annual Physical Fitness Test (APFT) procedures were announced in June and will be effective January 1, 2016. Officers should continue to use the 'old' standards until the effective date of the new standards. APFT results must be entered into Direct Access but paper forms are no longer submitted to Medical Affairs Branch.

This chart describes some of the major changes to the APFT standards and procedures.

What Changed?	The "Old" APFT	The "New" APFT
The President's Challenge	Could substitute the President's challenge for the APFT to qualify for basic readiness.	Cannot be satisfied by completing the President's Challenge; all Officers must complete the APFT or obtain a medical waiver
Number of components	Had 3 components <ol style="list-style-type: none"> 1. Cardiorespiratory endurance 2. Upper body endurance 3. Core endurance 	Has 4 components <ol style="list-style-type: none"> 1. Cardiorespiratory endurance 2. Upper body endurance 3. Core endurance 4. Flexibility
Cardiorespiratory endurance	Included the option to run (outside or on a treadmill) or swim	Includes the option to run (outside or on a treadmill), swim, use a stationary bike or an elliptical machine
Core endurance	Included sit-ups or side bridge	Includes sit-ups, side bridge, or plank
Flexibility	Had no flexibility component	Has a pass/fail flexibility component that require Officer to perform a successful seated toe touch
Levels and scoring	Consists of 4 performance levels and no scoring system; performance levels were based on time taken to perform exercise (e.g., minutes it took to run 1.5 miles) and number of exercises completed (e.g., number of push-ups completed)	Consists of a point value system where effort level is translated into numbers, which are added to determine the Officer's placement within the 6 performance levels (failure, satisfactory, good, excellent, outstanding, and maximum)
Age bands	Had 4 age bands with 50+ being the highest band	Has 10 age bands (5 year intervals) with the highest band being 65+
Test administration	Had to be observed in person by another Officer	Can be observed in person or observed remotely by another Officer (e.g., via video link); Can be observed in person by a non-Commissioned Corps federal employee
Documentation	Submitted "old" PHS-7044 form to Medical Affairs Branch (MAB) and enter into Direct Access	Submit new form PHS-7044 (available Jan 1, 2016) to MAB in same manner and enter into Direct Access

For more information, see the following links.

Revised APFT Overview	http://dcp.psc.gov/ccmis/RedDOG/REDDOG_APFT_overview_m.aspx
PHS APFT Certificate of Excellence (PACE) Program	https://sites.google.com/site/apftinitiative/

APFT Fitness Resources	https://sites.google.com/site/apftinitiative/apft-fitness-resources
APFT Events and Proctors	https://sites.google.com/site/apftinitiative/apft-events-and-proctors
APFT form PHS-7044 (Fillable)	http://dcp.psc.gov/CCMIS/PDF_Docs/Fillable_PHS-7044.pdf *Note that this form is being revised to reflect the new APFT Standards
APFT FAQ (includes FAQ for medical waivers)	http://dcp.psc.gov/CCMIS/RedDOG/REDDOG_APFT_frequently_asked_questions_m.aspx

Listservs Subscription Links

JOAG Walking Initiative	https://list.nih.gov/cgi-bin/wa.exe?SUBED1=joag_walking_initiative&A=1
PHS Runners List	https://list.nih.gov/cgi-bin/wa.exe?SUBED1=PHSRUN&A=1
RedDOG	https://list.nih.gov/cgi-bin/wa.exe?SUBED1=ofrd&A=1
Training/Support for PHS officers taking APFT	https://list.nih.gov/cgi-bin/wa.exe?SUBED1=phs_apft-l&A=1

Readiness Checks

And while we are on the topic of physical fitness, remember that **readiness checks** take place quarterly (the first of January, April, July, and October).

While readiness checks are especially important if you are up for promotion, all Officers should maintain basic readiness so that the Readiness and Deployment Operations Group (RedDOG) can ensure a full cadre of Officers to employ in case of public health emergencies.

Don't remember what the readiness requirements are? Here are some useful links. You can also contact **CDR Ethel Taylor** (tdp4@cdc.gov), Chair of the Readiness Subcommittee, if you can't find the answer to your question in the links below.

Readiness Checklist: Down to Basics	http://dcp.psc.gov/CCMIS/RedDOG/Forms/Basic_Readiness_Checklist.pdf
MAB Coversheet	http://dcp.psc.gov/ccmis/PDF_docs/Immunization%20FAX%20Coversheet%2012-11-14.pdf
CCMIS	http://dcp.psc.gov/ccmis
Direct Access	https://portal.direct-access.us/psp/EPFRD/?cmd=login&languageCd=ENG&

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USPHS Veterinary Category

Protecting and Improving Human and Animal Health

